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MICHELLE BAKER, Appellant)	
)	
and)	Docket No. 05-798
)	Issued: October 3, 2005
U.S. POSTAL SERVICE, POST OFFICE,)	
Philadelphia, PA, Employer)	
)	

Case Submitted on the Record

Before:
DAVID S. GERSON, Judge
WILLIE T.C. THOMAS, Alternate Judge
MICHAEL E. GROOM, Alternate Judge

On February 15, 2005 appellant filed a timely appeal of the Office of Workers Compensation Programs' merit decision dated November 22, 2004, finding that she was not entitled to a schedule award due to her accepted employment injury. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

The issue is whether appellant has a permanent impairment resulting from her March 6, 1997 employment injury entitling her to a schedule award.

Appellant, a 42-year-old distribution clerk, filed a claim on March 12, 1997 alleging that on March 6, 1997 she injured her hand, wrist and fingers while casing mail. The Office accepted appellant's claim for right carpal tunnel syndrome and authorized surgery for right carpal tunnel release, which was performed on June 29, 2000.

Appellant requested a schedule award on June 11, 2004. By letter dated June 25, 2004, the Office notified appellant that the information submitted was insufficient to establish that she was entitled to a schedule award and requested a report from her physician, which provided a date of maximum medical improvement and a description of the nature and extent of permanent impairment.

Appellant submitted a June 29, 2000 form entitled “history and physical examination” bearing an illegible signature; a June 29, 2000 operative report signed by Dr. Stuart L. Trager describing appellant’s carpal tunnel release surgery; a letter dated September 1, 2004, from the employing establishment to appellant asking for medical documentation to maintain her status in a rehabilitation-duty assignment as a mail processing clerk; and a September 21, 2004 duty status report bearing an illegible signature. The duty status report reflected that pursuant to a 1991 injury involving a left arm fracture, appellant had carpal tunnel syndrome in the left and right hands. In blanks provided on a form letter bearing the same illegible signature contained on the duty status report, the unidentified physician circled “no” in response to the question as to whether all residuals to the injury had resolved and answered “unknown” to the question as to when appellant reached maximum medical improvement.

By decision dated November 22, 2004, the Office denied appellant’s claim for a schedule award.

LEGAL PRECEDENT

The schedule award provision of the Federal Employees Compensation Act¹ and its implementing regulation² sets forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss or loss of use, of scheduled members or functions of the body. However, the Act does not specify the manner in which the percentage of loss shall be determined. For consistent results and to ensure equal justice under the law to all claimants, good administrative practice necessitates the use of a single set of tables so that there may be uniform standards applicable to all claimants. The American Medical Association, *Guides to the Evaluation of Permanent Impairment*, (A.M.A., *Guides*) (5th ed. 2001) has been adopted by the implementing regulation as the appropriate standard for evaluating schedule losses. Effective February 1, 2001, the Office adopted the fifth edition of the A.M.A., *Guides* as the appropriate edition for all awards issued after that date.³

Before the A.M.A., *Guides* can be applied, a description of appellant’s impairment must be obtained from appellant’s physician. In obtaining medical evidence required for a schedule award, the evaluation made by the attending physician must include a description of the impairment including, where applicable, the loss in degrees of active and passive motion of the affected member or function, the amount of any atrophy or deformity, decreases in strength or disturbance of sensation or other pertinent descriptions of the impairment. This description must

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.404 (2004).

³ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.6(a) (August 2002).

be in sufficient detail so that the claims examiner and others reviewing the file will be able to clearly visualize the impairment with its resulting restrictions and limitations.⁴

It is a well-settled rule that maximum medical improvement arises at the point at which the injury has stabilized and will not improve further. This determination is factual in nature and depends primarily on the medical evidence.⁵

ANALYSIS

The Board has duly reviewed the case on appeal and finds that appellant has not established any permanent impairment entitling her to a schedule award.

In order to be eligible for a schedule award, appellant had the burden of establishing that her accepted employment injuries caused permanent impairment to a scheduled member of her body. Although the Office advised her of the medical evidence needed to support her claim, appellant submitted no opinion from her physician stating that she had reached maximum medical improvement, nor did she submit her physician's evaluation of permanent impairment based on the A.M.A., *Guides*. She failed to submit sufficient medical evidence to support her claim. The June 29, 2000 reports submitted by appellant offered no information regarding her current medical condition and, therefore, lack probative value. The September 21, 2004 duty status report also lacks probative value in that the signature of the physician is illegible.⁶ Moreover, the report does not provide a rationalized opinion as to the nature and extent of any permanent impairment. The Board notes that appellant's physician found that she still had residuals related to the accepted employment injury but that it was "unknown" when she would reach maximum medical improvement. The report also failed to provide a detailed description of the impairment, upon which a rating under the A.M.A., *Guides* could be made. The record is thus one of a claim unsupported by any relevant medical evidence. Appellant has failed to establish a *prima facie* claim. As there is no medical evidence of record establishing that appellant had any permanent impairment due to her employment-related carpal tunnel syndrome, the Board finds that the Office properly denied her claim for a schedule award.

Without the necessary rationalized medical opinion evidence establishing the type and extent of appellant's permanent impairment correlated with the A.M.A., *Guides* and explaining the causal relationship between these findings and her accepted employment injury, appellant has failed to establish that she sustained a permanent impairment as a result of her carpal tunnel syndrome.

⁴ See *Peter C. Belkind*, 56 ECAB ____ (Docket No. 05-655, issued June 16, 2005). See also *Robert B. Rozelle*, 44 ECAB 616, 618 (1993).

⁵ *Charles J. Cortese (Anthony L. Cortese)*, 35 ECAB 1017, 1023 (1984).

⁶ *Vickey C. Randall*, 51 ECAB 357 (2000); *Merton J. Sills*, 39 ECAB 572 (1988) (reports not signed by a physician lack probative value).

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish that her accepted employment injuries caused any permanent impairment to a scheduled member of the body.

ORDER

IT IS HEREBY ORDERED THAT the November 22, 2004 decision of the Office of Workers Compensation Programs is affirmed.

Issued: October 3, 2005
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

Willie T.C. Thomas, Alternate Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board